unum®

r ver De r Mer

Your Group Life and Accidental Death and Dismemberment Plan

Identification No. 467474 021

Underwritten by Unum Life Insurance Company of America

8/11/2014

BENEFI_ A_ A GLANCE

LIFE IN ANCE LAN

This life insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death. The amount your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death according to the terms and provisions of the plan. You also have the opportunity to have coverage for your dependents.

EM E O E O IGINAL LAN
EFFEC I E DA E: August 1, 2014

LA N EA :

August 1, 2014 to July 1, 2015 and each following July 1 to July 1

IDEN IFICA ION N MBE : 467474 021

ELIGIBLE G O ( ):

All Full-Time Employees excluding Faculty in active employment in the United States with the Employer

MINIM M HO E I EMEN :

BENEFI_ A_ A GLANCE

ACCIDEN AL DEA H AND DI MEMBE MEN IN ANCE LAN

This accidental death and dismemberment insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death or for you in the event of any other covered loss. The amount you or your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death or any other covered loss according to the terms and provisions of the plan. You also have the opportunity to have coverage for your dependents.

EM O E O IGINAL LAN
EFFEC I E DA E: August 1, 2014

LA N EA :

August 1, 2014 to July 1, 2015 and each following July 1 to July 1

IDEN IFICA ION N MBE : 467474 021

ELIGIBLE G O ( ):

All Full-Time Employees excluding Faculty in active employment in the United States with the Employer

MINIM M HO E I EMEN :

Employees must be working at least 30 hours per week.

AI ING E IOD:

For employees in an eligible group on or before August 1, 2014: First of the month following 1 day of continuous active employment

For employees entering an eligible group after August 1, 2014: First of the month following 1 day of continuous active employment

EHI E:

If your employment ends and you are rehired within 1 year, your previous work while in an eligible group will apply toward the waiting period. All other Summary of Benefits' provisions apply.

HO A FO HE CO E AGE:

F :

Ie.0002 Tw-29.sTc-.0237 Tw1.78600009 -2.16700005 Td[29999923(u:)]TJEMC/PGE:

ACCIDEN AL DEA H AND DI MEMBE MEN BENEFI :

AMO N OF ACCIDEN AL DEA H AND DI MEMBE MEN (AD&D) IN ANCE FO O (FULL AMOUNT)

Amounts in $10,000 benefit units as applied for by you and approved by Unum.

All amounts are rounded to the next higher multiple of $10,000, if not already an exact multiple thereof.

AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE AVAILABLE IF YOU BECOME INSURED AT CERTAIN AGES OR HAVE REACHED CERTAIN AGES WHILE INSURED

If you have reached age 65, but not age 70, your amount of AD&D insurance will be:
- 65% of the amount of AD&D insurance you had prior to age 65; or
- 65% of the amount of AD&D insurance shown above if you become insured on or after age 65 but before age 70.

There will be no further increases in your amount of AD&D insurance.

If you have reached age 70, but not age 75, your amount of AD&D insurance will be:
- 45% of the amount of AD&D insurance you had prior to your first reduction; or
- 45% of the amount of AD&D insurance shown above if you become insured on or after age 70 but before age 75.

There will be no further increases in your amount of AD&D insurance.

If you have reached age 75, but not age 80, your amount of AD&D insurance will be:
- 30% of the amount of AD&D insurance you had prior to your first reduction; or
- 30% of the amount of AD&D insurance shown above if you become insured on or after age 75 but before age 80 .

There will be no further increases in your amount of AD&D insurance.

If you have reached age 80 or more, your amount of AD&D insurance will be:
- 20% of the amount of AD&D insurance you had prior to your first reduction; or
- 20% of the amount of AD&D insurance shown above if you become insured on or after age 80.

There will be no further increases in your amount of AD&D insurance.

MAXIMUM BENEFIT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU:

The lesser of:
- 5 x annual earnings; or
- $500,000.

AMO N OF ACCIDEN AL DEA H AND DI MEMBE MEN IN ANCE FO O DE ENDEN (FULL AMOUNT)

:

Amounts in $10,000 benefit units as applied for by you and approved by Unum.

All amounts are rounded to the next higher multiple of $10,000, if not already an exact multiple thereof.

THE AMOUNT OF YOUR SPOUSE'S AD&D INSURANCE WILL REDUCE BY THE SAME PERCENTAGE AND AT THE SAME TIME YOUR AD&D INSURANCE REDUCES.

CLAIM INFORMATION

LIFE INSURANCE

WHEN DO YOU OR YOUR AUTHORIZED REPRESENTATIVE NOTIFY UNUM OF A CLAIM?

CLAIM INFORMATION

HOW WILL UNUM MAKE PAYMENTS?

$ 0,000

).

$ 0,000,

WHAT HAPPENS IF UNUM OVERPAYS YOUR CLAIM?

-

-

( )

GENERAL PROVISIONS

WHAT IS THE CERTIFICATE OF COVERAGE?

WHEN ARE YOU ELIGIBLE FOR COVERAGE?

WHEN DOES YOUR LIFE INSURANCE COVERAGE BEGIN?

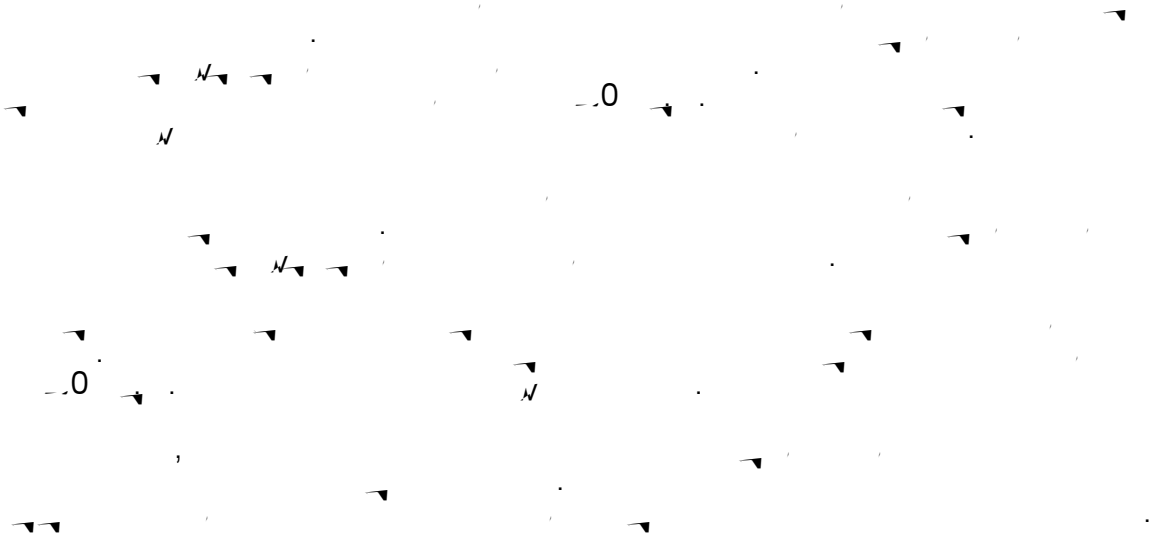
"BENEFITS AT A GLANCE"

00%

WHEN CAN YOU APPLY FOR LIFE INSURANCE COVERAGE IF YOU APPLY MORE THAN 31 DAYS AFTER YOUR ELIGIBILITY DATE?

WHEN CAN YOU CHANGE YOUR LIFE INSURANCE COVERAGE?

WHEN CAN YOU CHANGE YOUR ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE?



WHAT IF YOU ARE ABSENT FROM WORK ON THE DATE YOUR COVERAGE WOULD NORMALLY BEGIN?

WHEN DOES YOUR COVERAGE END?

WHEN ARE YOU ELIGIBLE TO ELECT DEPENDENT COVERAGE?

WHEN ARE YOUR DEPENDENTS ELIGIBLE FOR COVERAGE?

WHAT DEPENDENTS ARE ELIGIBLE FOR COVERAGE?

WHAT IF YOUR DEPENDENT IS TOTALLY DISABLED ON THE DATE YOUR DEPENDENT'S COVERAGE WOULD NORMALLY BEGIN?

WHEN WILL CHANGES TO YOUR DEPENDENT'S COVERAGE TAKE EFFECT?

WHEN DOES YOUR DEPENDENT'S COVERAGE END?

WILL COVERAGE CONTINUE FOR A HANDICAPPED CHILD INSURED UNDER THE PLAN WHO IS AGE 26 OR OVER?

WHAT ARE THE TIME LIMITS FOR LEGAL PROCEEDINGS?

HOW CAN STATEMENTS MADE IN YOUR APPLICATION FOR THIS COVERAGE BE USED?

DOES THE SUMMARY OF BENEFITS REPLACE OR AFFECT ANY WORKERS' COMPENSATION OR STATE DISABILITY INSURANCE?

DOES YOUR EMPLOYER ACT AS YOUR AGENT OR UNUM'S AGENT?

LIFE IN[illegible]ANCE

BENEFI[illegible] INFO[illegible]MA[illegible]ION

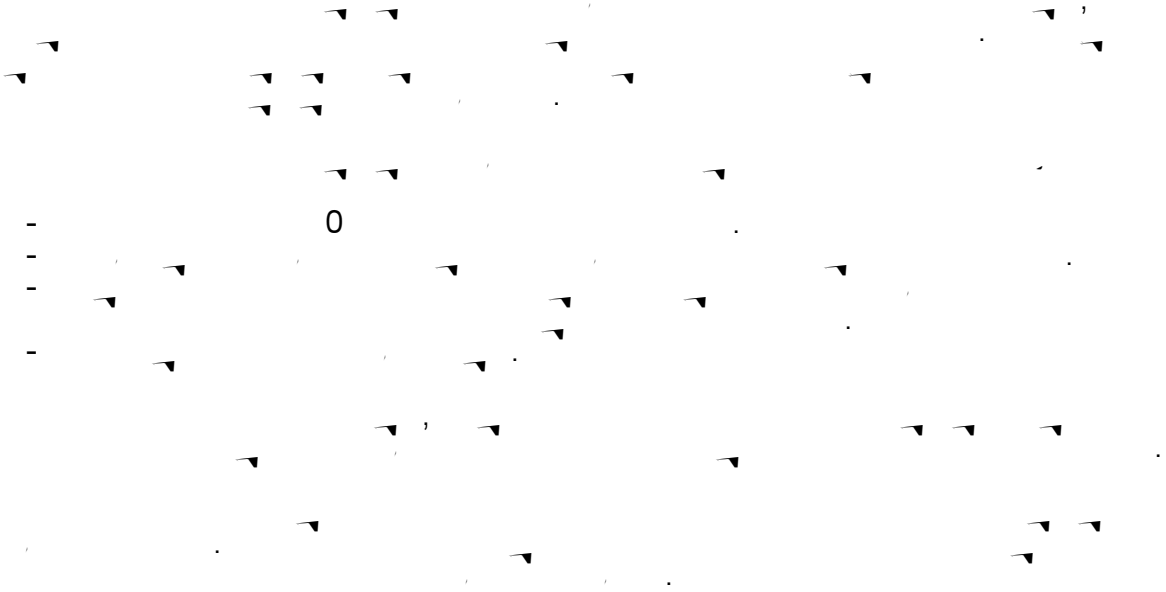
WHEN WILL YOUR BENEFICIARY RECEIVE PAYMENT?

( )

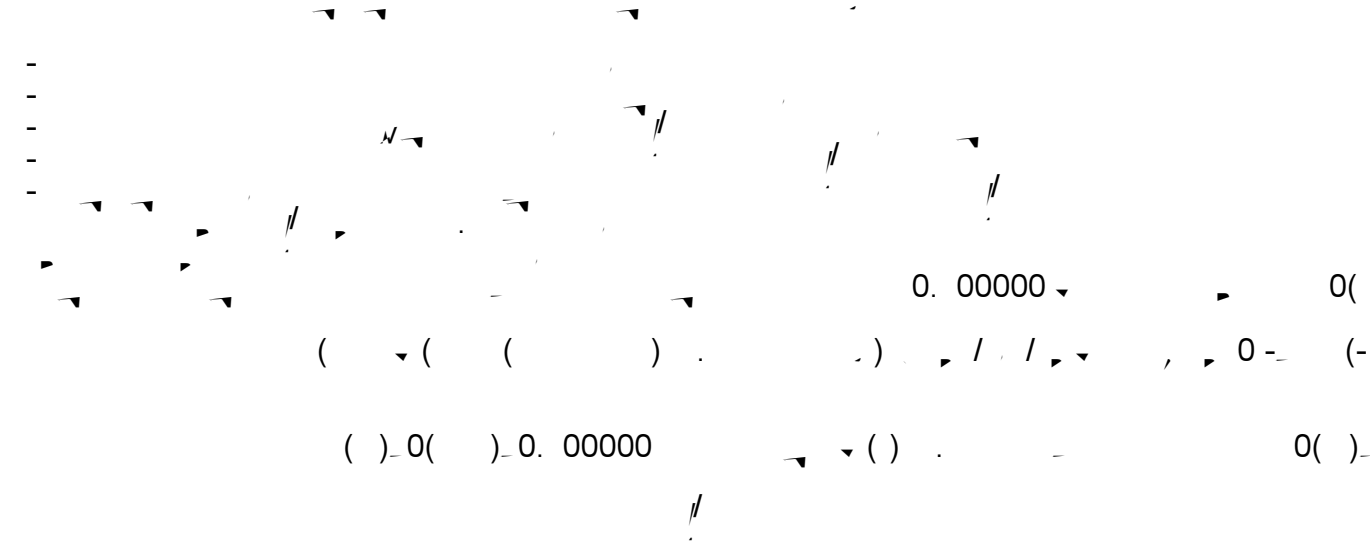
WHAT DOCUMENTS ARE REQUIRED FOR PROOF OF DEATH?

HOW MUCH WILL UNUM PAY YOU IF UNUM APPROVES YOUR DEPENDENT'S DEATH CLAIM?

WHEN WILL YOUR LIFE INSURANCE PREMIUM WAIVER BEGIN?



WHEN WILL YOUR LIFE INSURANCE PREMIUM WAIVER END?



APPLYING FOR LIFE INSURANCE PREMIUM WAIVER

WHAT INSURANCE IS AVAILABLE WHILE YOU ARE SATISFYING THE DISABILITY REQUIREMENTS? (See Conversion Privilege)

WHAT INSURANCE IS AVAILABLE WHEN COVERAGE ENDS? (Conversion Privilege)

WHAT LIMITED CONVERSION IS AVAILABLE IF THE SUMMARY OF BENEFITS OR THE PLAN IS CANCELLED? (Conversion Privilege)

( )

-
-

- $ 0,000
-

PREMIUMS

-
-

WHAT LOSSES ARE NOT COVERED UNDER YOUR PLAN?

APPLYING FOR INCREASES OR DECREASES IN PORTABLE COVERAGE

$,000

$,000

"BENEFITS AT A GLANCE"

ADDING PORTABLE COVERAGE FOR DEPENDENTS

WHEN PORTABLE COVERAGE ENDS

-
- (
).
-
-
- (
).
-
-
- (
)
-
-

PREMIUM RATE CHANGES FOR PORTABLE COVERAGE

-
-
-

APPLYING FOR CONVERSION, IF PORTABLE COVERAGE ENDS OR IS NOT AVAILABLE

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

BENEFIT INFORMATION

WHEN WILL YOUR BENEFICIARY RECEIVE PAYMENT IN THE EVENT OF YOUR DEATH IF YOUR DEATH IS THE DIRECT RESULT OF AN ACCIDENT?

( )

WHEN WILL YOU RECEIVE PAYMENT IN THE EVENT OF YOUR DEPENDENT'S DEATH IF YOUR DEPENDENT'S DEATH IS THE DIRECT RESULT OF AN ACCIDENT?

WHAT DOCUMENTS ARE REQUIRED FOR PROOF OF ACCIDENTAL DEATH?

WHEN WILL YOU RECEIVE PAYMENT IN THE EVENTCERTAIN O3(NR and)]TJTCOVE61(ILO ACCEPCCEPACD

"BENEFITS AT A GLANCE"

WHAT SEATBELT(S) AND AIR BAG BENEFIT WILL UNUM PROVIDE?

P a Pa Ca

WHAT COMA BENEFIT WILL UNUM PROVIDE?

"BENEFITS AT A GLANCE"

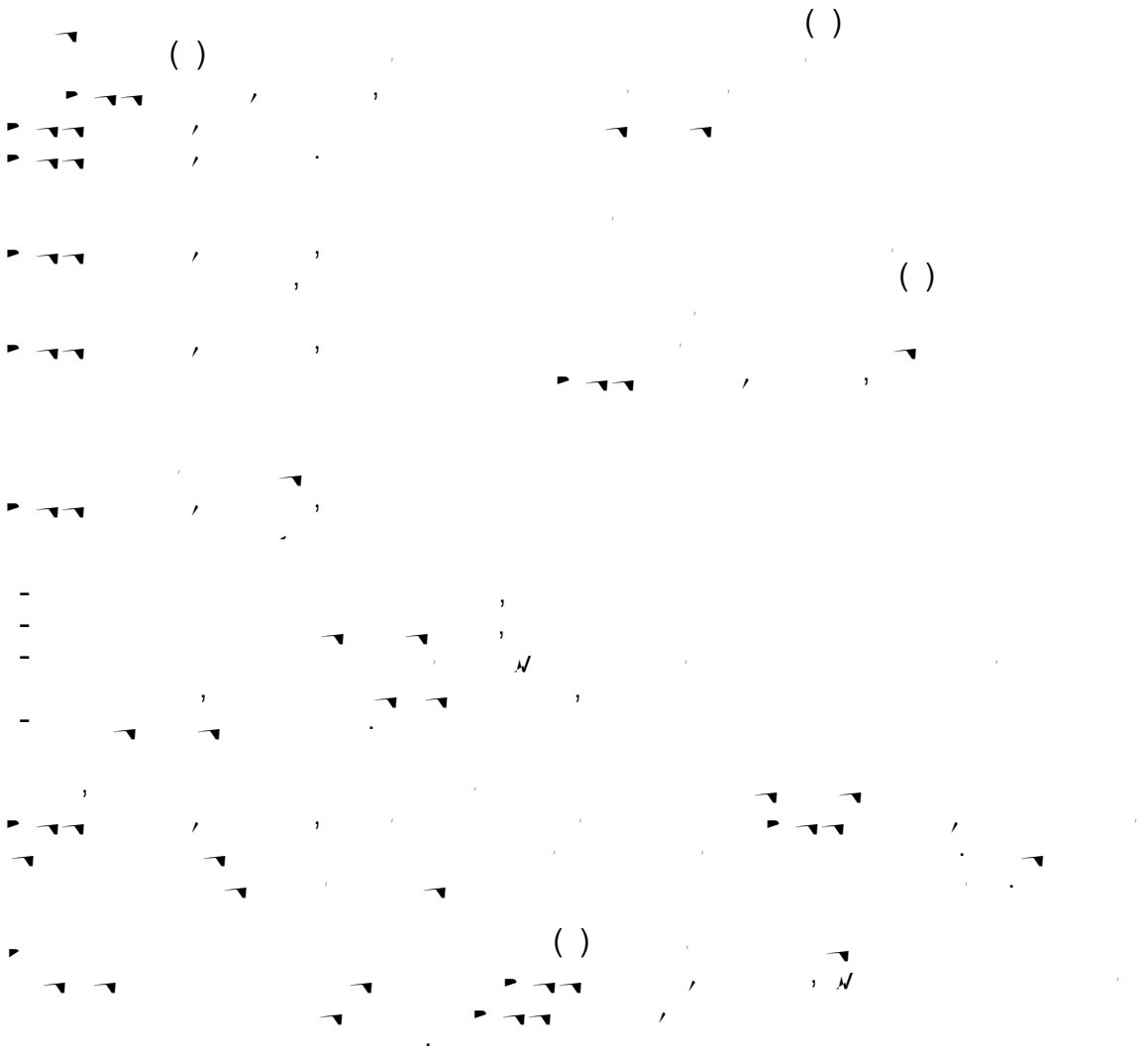
"BENEFITS AT A GLANCE"

WHAT ACCIDENTAL LOSSES ARE NOT COVERED UNDER YOUR PLAN?

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

OTHER BENEFIT FEATURES

WHAT IF YOU ARE NOT IN ACTIVE EMPLOYMENT WHEN YOUR EMPLOYER CHANGES GROUP INSURANCE CARRIERS TO UNUM? (CONTINUITY OF COVERAGE)



WHAT COVERAGE IS AVAILABLE IF YOU END EMPLOYMENT OR YOU WORK REDUCED HOURS? (Portability)

PORTABLE INSURANCE COVERAGE AND AMOUNTS AVAILABLE

[illegible]

[illegible]

- [illegible]
- [illegible]
- $ 0,000 [illegible]

[illegible]

APPLYING FOR PORTABLE COVERAGE

GLOSSARY

ACCIDENTAL BODILY INJURY

ACCREDITED SCHOOL

ACTIVE EMPLOYMENT

ACTIVITIES OF DAILY LIVING

NNUIGSY

NNUI

COMA

REGULAR CARE

RETAINED ASSET ACCOUNT

SICKNESS

TOTALLY DISABLED

TRIPLEGIA

UNIPLEGIA

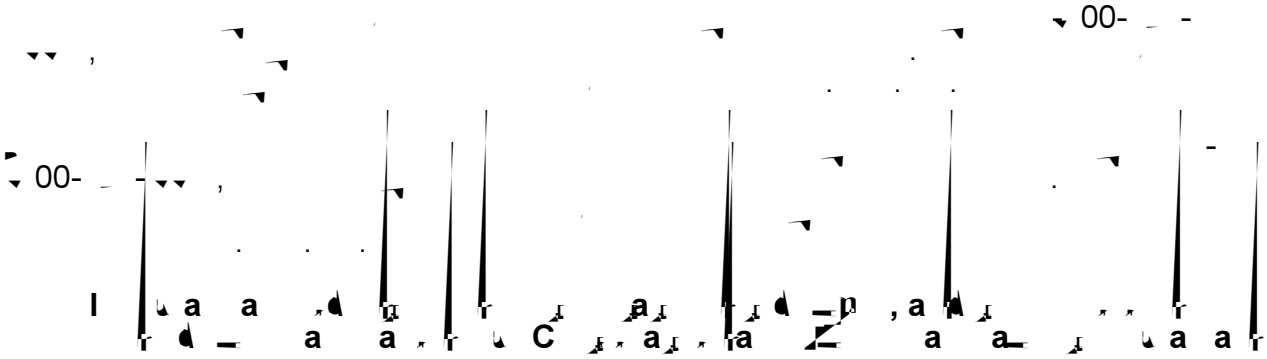
VEGETATIVE STATE

WAITING PERIOD ( )

WE, US OUR

YOU

THE FOLLOWING NOTICES AND CHANGES TO YOUR COVERAGE ARE REQUIRED BY THE STATE OF WASHINGTON. PLEASE READ CAREFULLY.



APPLICABILITY OF ERISA

( ),

HOW TO FILE A CLAIM

(
),

CLAIMS PROCEDURES

Initial Benefit Determination

0

0 (0)

-

-

0 ( )

Initial Benefit Determination

0

APPEAL PROCEDURES